
AMERICAN BOARD OF
FAMILY PRACTICE
Report Part II:



**THE PHYSICIANS' VIEW
OF MIDDLE AGE**

Conducted by
DYG, Inc.
Elmsford, New York

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FOREWORD

...youth is the period in which a man can be hopeless. The end of every episode is the end of the world. But the power of hoping through everything, the knowledge that the soul survives its adventures, that great inspiration comes to the middle-aged.

C. K. Chesterton (1874-1936)

In January, 1990, the American Board of Family Practice (ABFP) published the results of an extensive national survey of adult Americans entitled, Perspectives on Middle Age: The Vintage Years. This first ABFP Report has been acclaimed as a major research contribution by many from the social sciences and medicine, as well as from the business and academic communities.

The ABFP's primary function is to serve the public and the medical profession by certifying the credentials of physicians who wish to be identified as Family Physicians and to maintain standards of training, experience, and knowledge for family practice through the recertification process.

As the nation's second largest medical specialty, it is incumbent upon those who are in Family Practice to not only be scientifically knowledgeable and competent, but to be socially sensitive and aware of the needs, desires, and attitudes of the patients and families they care for.

In keeping with our obligation to serve the public and the profession by seeking new knowledge in biopsychosocial science, we have published the ABFP Report: Part II -- The Physicians' Views of Middle Age. This current study was conducted to determine the professional opinions of a representative random sample of ABFP Diplomates, as well as those in internal medicine and psychiatry. It was also designed to compare the similarities and differences in viewpoints on midlife between physicians and the general public. We feel that it is important that both physicians and healthcare consumers alike have the opportunity to know where each group stands regarding issues of middle age and aging, in general.

We, of the Board, want to thank all who participated in both surveys. It is our hope that our two Reports will stimulate further investigation by others into the forgotten middle years.

Paul R. Young, M.D.
Executive Director,
American Board of Family Practice

INTRODUCTION

INTRODUCTION

Youth culture dominated the attention of social observers, academics and the media during the 1960's and 1970's, as 75 million baby boomers entered adolescence and young adulthood. In the 1980's, the focus shifted to older Americans. We became aware that increased longevity meant a rapidly growing group over age 65, and their increased vitality meant a change in what it means to be "older."

The 1990's will see unprecedented attention paid to a previously neglected part of the life cycle -- the middle years. Again, this reflects demographic patterns -- by the year 2000, over half of the baby boomers will have entered middle age, and middle-aged Americans will represent a much higher proportion of the population than they do now.

Recognizing the emerging importance of this group, the American Board of Family Practice commissioned two studies on attitudes toward middle age. The first, Perspectives on Middle Age: The Vintage Years, dealt with the general public's opinions and impressions and was released in early 1990. The study discussed in this report, conducted by DYG, Inc., the well-known social research firm, chaired by Daniel

Yankelovich, addresses the attitudes of physicians. A total of 300 physicians (100 Family Physicians, 100 Internists and 100 Psychiatrists) were surveyed via a 10 minute telephone interview.

The survey was conducted in August, 1990. This examination of physicians' views was intended to obtain their observations and beliefs regarding middle age based on their professional experience and special expertise. However, some of their views are influenced by the unique circumstances of the times in which we live. Thus, before looking in detail at physicians' attitudes, it is helpful to review, in brief, six important trends that help explain cultural forces shaping those attitudes.¹

The first three trends are structural in nature:

1. The "sandwich" situation becomes more prevalent. Today, two-thirds of all Americans over 45 have at least one living parent or older relative, and 6% of those 45-64 have a dependent older relative living with them. These proportions will increase with rising life expectancy, placing greater emotional, financial and direct care-giving burdens on the middle years. In addition, the phenomenon of unlaunched children -- adult children still living at home -- is also on the rise, fueled in

¹ These trends are drawn from the DYG Environmental Scanning ProgramSM which annually identifies and tracks developments in our changing sociocultural environment.

part by high housing costs. Over 1 in 3 households headed by a 45-64 year old have an unlaunched child. Thus, the perception of middle-aged people as "sandwiched" between the care giving demands of parents and children is rooted in structural reality.

2. The "lean and mean" corporate style directly affects the middle aged. American businesses -- particularly large corporations -- have responded to competitive pressures by downsizing. Middle management has been a favorite target of workforce reductions with early retirement programs a common tactic. The result has been to drive the "peak earning years" younger.

3. Health care costs have skyrocketed. Accompanying this increase in costs is real worry on the part of most Americans about how to pay for a medical emergency or debilitating illness. In a recent DYG survey, the "cost of hospital and physician care, including health insurance premiums" and "the cost of a long-term illness or disability, including the cost of nursing home care" were among the three most frequently cited concerns facing American families. These worries were more

pronounced among 45 to 64 year olds than among those younger or older.

In addition, there are three social trends worth highlighting:

4. A societal preoccupation leading to a new definition of health. The focus on health -- which some labeled a fad -- has flowered into a full-fledged commitment and preoccupation. As a result, the definition of health has expanded to include a number of things not traditionally included: loving relationships, a rewarding job or career and a sense of satisfaction with one's accomplishments.

5. A hunger for relationships has replaced the focus on self for many Americans. If the 1970's were the "me-decade" and the 1980's a time of "rugged individualism," the current decade will emphasize relationships. In part this stems from a general realization that merely gratifying individual needs is ultimately not satisfying. It also reflects the fact that many baby boomers have themselves begun the process of family formation. But whether in the context of nuclear family, extended family, or networks of friends, attempts to make, renew and cultivate relationships will be the hallmark of the 1990's.

6. Americans are in search of greater social balance. The 1980's were a time of social Darwinism. As a nation, we accepted the idea of a competitive society, with winners enjoying rich rewards and losers left to their own devices. This notion is now being reevaluated in light of its consequences (e.g., homelessness) and a shift in the winds of social change. We are now adopting a less harsh, more caring attitude, and even looking to government to step in and alleviate social problems. People in their middle years appear to be in the vanguard of this trend.

OVERVIEW



OVERVIEW

The Physicians' View of Middle Age is the second part of an in-depth study of midlife that was commissioned by the American Board of Family Practice (ABFP), and was conducted by DYG, Inc., a national research firm, which is chaired by social scientist Daniel Yankelovich. Three hundred physicians, 100 each of three medical specialties (Family Physicians, Internists and Psychiatrists) were interviewed in order to get a well-rounded view of middle age from the professional medical perspective. This study follows Part I of the ABFP Report, Perspectives on Middle Age: The Vintage Years, which examines midlife from the general public's vantage point. Since the American Board of Family Practice stresses the psychological and social influences on patients and families, as well as the medical, with these studies it hopes to provoke further study on middle age and to shed new light on this lengthened and changing span in the life course.

In brief, the physicians in our study have a great deal to say about middle age -- seeing it as a long, rich period in the life-cycle spanning some twenty years (45-65). It is the time when the effects of the aging

process begin to take their toll and also the time when the rewards of hard work and attention to family and friends bear fruit.

Moreover, our physicians also recognize the impact that structural forces -- the "sandwich" situation and the "lean and mean" business psychology -- are having on midlife in the 1990's. In their view, middle age is now a time of financial squeeze and waning career and income opportunities. And, the physicians in our study have a, perhaps surprising, point of view about who should pay for health and family care.

While physicians strongly believe in the moral obligation the middle aged have toward their parents, a strong majority of physicians (59%) support government funded long-term health care. It appears that the rising cost of health care with regard to the elderly, in combination with physicians' recognition of the financial burdens of middle age, is leading to a somewhat uncharacteristic support for the government's role in funding health care.

More specifically, the ABFP Report reveals the following findings with regard to physicians' opinions and attitudes concerning middle age:

1. Middle Age: A Simple Definition -- From their professional perspective, physicians assign age 45 as the average age of entry into midlife; the average age of exit is 65. This view is

quite similar to that of the general public (reported in Part I of this study) who place the average boundaries at ages 46 and 66. Of the three medical specialties queried, Psychiatrists assign a younger age for the onset of midlife, with 41% saying that it begins at age 40 and under. Overall, physicians tend to think women enter middle age earlier than men -- fully 40% of physicians think that women enter middle age at 40 and under, compared to only 31% who assign this age to men.

2. Signposts of Middle Age -- Physicians identify a series of clear "signs" of middle age:

- Medical conditions: It's not at all surprising that physicians would look first to medical signs -- 71% believe that middle-aged people will develop a chronic health condition. The key medical conditions physicians associate with middle age are: stroke, heart disease and myocardial infarction; anxiety/stress; diabetes; and arthritis.

- Slowing down emerges as the most dominant signpost of middle age. "Slowing down" is a recurring theme that encompasses a variety of factors including

less or a lack of energy, decreased tolerance for exercise or a lower level of activity. Slowing down is volunteered as both a key physiological and psychological change in the patient's view of himself/herself. In fact, 56% of physicians overall and 67% of Psychiatrists in particular cite slowing down as the key sign of middle age.

- Weight gain is an even greater signal of middle age to the physician than to the public. Eight in ten (79%) of physicians agree that "Middle-aged people tend to be overweight," compared to 62% of the general public. In addition, 48% of physicians volunteer weight changes as a key physiological indicator of middle age.

- Sexually-related changes: 82% of all physicians believe that it is likely that middle-aged people will "enjoy an active, fulfilling sex life," as do 86% of the general public. But, 24% of all physicians do volunteer that sexually-related changes are a key physiological sign of midlife, and fewer than half (48%) of all

physicians agree that "Sexual satisfaction increases with age."

- Physiological changes: In addition to weight, 61% of physicians overall mention physiological indicators of middle age including menopause, deteriorating eyesight and changes in sleep patterns and/or insomnia. In addition, 45% of physicians separately volunteer changes in appearance as a key to the onset of midlife.

3. Rewards and Pleasures of Middle Age -- Physicians see a host of accomplishments and "milestones" associated with middle age including:

- Eighty-five percent (85%) of physicians agree that it is likely that middle-aged people become closer to family and friends; 89% of the general public concurs.
- Both physicians and the public agree that "At middle age, a person becomes more compassionate to the needs of others" (74% and 85%, respectively).
- The milestones that relate to family are much stronger markers of middle age for physicians than

for the public. For example: -- 66% of physicians overall (42% of the general public) believe that the last of one's children moving out is a sign of midlife.

- Seventy-one percent (71%) of physicians, vs 37% of the public, think it likely that middle-aged people will marry a new spouse.

- Seeing midlife as a time when people look forward to children leaving home is agreed to by 72% of physicians and only 42% of the general public.

- To both physicians (69%) and the general public (78%), middle age means having accomplished many career goals.

4. Financial Pressures in Midlife -- As noted earlier, overwhelmingly, middle age is viewed by physicians as a time of financial squeeze in caring for children and aged parents.

- Two in three (68%) of physicians agree that "Middle-aged people are often under financial strain."

- Almost all, 97% of physicians in this study think it likely that in midlife, people will assist a child with financial need and care for a frail parent.
- A solid 83% view midlife as a time to begin saving for retirement.
- And, to physicians (54%), more than the general public (32%), it is likely that middle-aged people face lower job/income expectations.

5. Moral and Financial Burdens of Caretaking -- Questions were asked to determine the extent of moral obligation for caretaking in addition to the willingness to dip into one's purse and make a financial commitment.

- Physicians believe in a strong moral commitment: 79% agree that children should care for aged parents until the parents die. And, few (16%) physicians agree that "Aged parents should be placed in a home, if it can be afforded."
- However, only 48% agree that "Children of aged parents should be financially responsible for their

parents." This split mirrors that of the general public when asked the same questions with 72% of the public agreeing to moral obligation and only 50% agreeing to financial commitment.

- While physicians clearly believe that middle-aged people have a responsibility to their aged parents, reciprocity for adult children does not exist in their view. More than half, 52% disagree with the statement, "Parents have an obligation to care for children, if necessary, even after adulthood."

- When asked if "Long-term health care should be the responsibility of the federal/state/city government," a striking 59% of physicians agree.

- With regard to catastrophic care being the responsibility of the elderly, both physicians overall (69%) and the general public (67%) disagree with this burden.

6. RX for Middle Age -- The ABFP Report Part II asked physicians to volunteer the most important elements for a successfully managed middle-aged lifestyle.

- Family Physicians stress physical activity, nutrition, renewing the spiritual path and knowing one's limits. Internists focus on family ties as well as staying socially active. Psychiatrists point to career, followed by hobbies outside of career, and strong personal relations.

★ ★ ★ ★ ★

While middle age has been maligned for many years and is seen by physicians as posing financial burdens, it offers, according to physicians, a richness in relationships and personal satisfaction -- the very goals younger Americans are coming to embrace.

DETAILED FINDINGS

MIDDLE AGE: A SIMPLE DEFINITION

In order to better define what is meant by "middle age," the ABFP Report asked 300 Physicians what specific ages mark the boundaries of midlife. From the physicians' professional perspectives, the average age of entry into midlife is 45; the average age of exit is 65.

This view is quite similar to that of the general public. Part I of the ABFP Report, Perspectives on Middle Age: The Vintage Years, asked 1200 respondents the same question, and, according to the general public, middle age begins and ends, on average, at ages 46 and 66.

While the largest percentage of physicians overall specifically identified age 45 (27%), the ages assigned for entering midlife span several decades. Surprisingly, more than one-third (36%) of physicians overall say that middle age begins at ages 40 and under. And, 27% of physicians assign ages 50 and older as the beginning of midlife.

Greater agreement is expressed with regard to the end of middle age and onset of old age: more than one-third (36%) of all physicians specify age 65 as the boundary. Another third (35%) say it begins at age 70 and

older. Only 22% of all physicians say that middle age ends at 60 and younger.

Thus, a consensus exists on midlife boundaries in general. Some interesting differences do emerge in this report when looking at the three medical specialties individually.

In general, Psychiatrists assign younger boundaries for middle age than do Family Physicians and Internists. Moreover, Internists are most likely to assign an older age for entry into middle age -- 28% of Internists say age 50 and older compared to only 13% of Psychiatrists and 16% of Family Physicians. (See Figures 1 and 2)

Figure 1

AGE MOST PEOPLE ENTER MIDDLE AGE
(Volunteered)

	<u>Total</u>	<u>Medical Specialty</u>		
		<u>Family Physicians</u>	<u>Internists</u>	<u>Psychiatrists</u>
	%	%	%	%
40 years and under	36	39	28	41
41 - 44 years	6	6	3	8
45 years	27	25	27	28
46 - 49 years	5	5	5	4
50 years and older	27	25	38	19
Average age	44.8	44.7	45.2	44.5

Figure 2

AGE MOST PEOPLE LEAVE MIDDLE AGE AND BECOME OLD

(Volunteered)

	<u>Total</u>	<u>Medical Specialty</u>		
		<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychia-trists</u>
	%	%	%	%
60 years and under	22	20	16	29
61 - 64 years	3	1	3	3
65 years	36	35	35	36
66 - 69 years	5	6	5	4
70 years and older	35	37	40	28
Average age	65.2	65.3	65.4	65

WOMEN ENTER MIDLIFE EARLIER

This study finds that physicians overall believe that women enter middle age earlier than do men (age 44 women, age 45 men; average ages). In addition, fully 40% of physicians think women are middle aged at age 40 and under (compared to less than one-third [31%] who assign this age to men). Again, Psychiatrists are the most likely to think women are middle aged earlier. (See Figure 3)

Figure 3

AGE MOST WOMEN ENTER MIDDLE AGE

(Volunteered)

	<u>Total</u>	<u>Medical Specialty</u>		
		<u>Family Physicians</u>	<u>Internists</u>	<u>Psychiatrists</u>
	%	%	%	%
40 years and under	40	44	29	47
41 - 44 years	6	6	5	7
45 years	24	22	29	22
46 - 49 years	5	5	7	3
50 years and older	24	24	29	19
Average age	43.9	43.8	45.1	42.9

Of the physicians who assign early middle age to women, 40% cite menopause and hormonal changes as the reason for the variance; and 25% point to women's consciousness of their physical aging process as the chief reason. For those who feel that men enter and exit sooner, the reasons offered are: (1) that men have more stress and responsibilities or (2) that they are bothered by signs of sexual changes. (See Figures 4 and 5)

Figure 4

REASON(S) MOST MEN/WOMEN ENTER MIDDLE AGE EARLIER
(Volunteered)

	<u>Total</u>	<u>Medical Specialty</u>		
		<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychia-trists</u>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
<u>Women Enter Earlier</u>	<u>73</u>	<u>81</u>	<u>69</u>	<u>74</u>
Menopause/hormonal changes causes things to happen faster/body chemistry	40	39	48	29
Women are more conscious of their physical aging process/react more to change	25	33	19	26
Women think of themselves as middle aged after productive childbearing years	14	8	9	26
<u>Men Enter Earlier</u>	<u>20</u>	<u>11</u>	<u>27</u>	<u>17</u>
Have more stress/responsibilities of career/head of family	8	3	8	12
Men are more susceptible/bothered by signs of sexual changes	7	-	13	5

Note: For all tables, boxes and circles indicate that the percentage is different to a statistically significant degree when compared to the total. Boxes indicate a significantly higher percentage, circles indicate a significantly lower percentage.

Figure 5

REASON(S) MOST MEN/WOMEN LEAVE MIDDLE AGE EARLIER
(Volunteered)

	<u>Total</u>	<u>Medical Specialty</u>		
		<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychia-trists</u>
	%	%	%	%
<u>Women Leave Earlier</u>	<u>45</u>	<u>50</u>	<u>37</u>	<u>47</u>
Menopause/hormonal changes causes things to happen faster/body chemistry	22	19	23	24
Women are more conscious of their physical aging process/react more to change	14	17	14	12
<u>Men Leave Earlier</u>	<u>45</u>	<u>36</u>	<u>57</u>	<u>41</u>
Men don't live as long/shorter life span	20	14	31	15

But, a great many other factors besides numerical age are part of the equation for middle age. Physicians point to a wide range of medical, physiological and psychological factors, as well as numerous events and "markers" that their patients associate with midlife.

MIDLIFE: MEDICAL, PHYSIOLOGICAL AND PSYCHOLOGICAL SIGNPOSTS

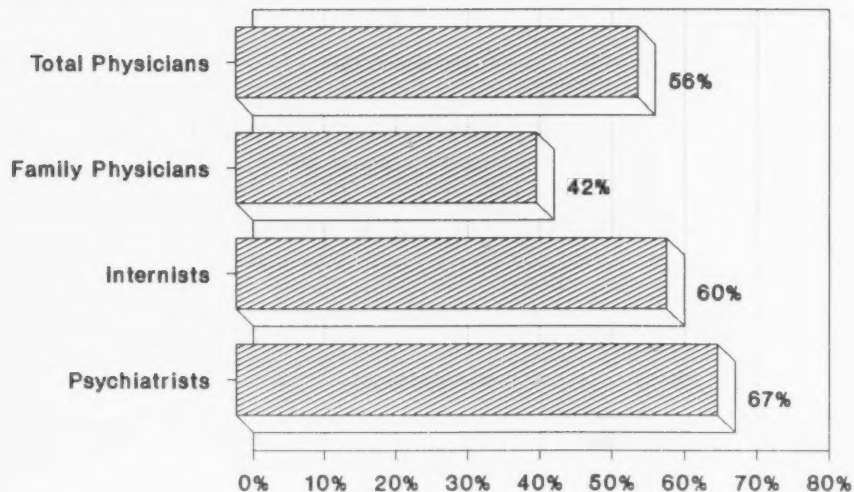
The ABFP Report asked physicians what three of four everyday events, experiences or changes lead their patients to consider themselves to be middle aged in order to examine middle age from the physicians' professional vantage point. "Slowing down" emerges as the most dominant middle age signpost.

The phrase "slowing down" is a recurring theme associated with middle age -- in a patient's view of himself/herself, and the physicians' assessments of physiological and psychological changes. In fact, 56% of physicians overall and 67% of Psychiatrists volunteer slowing down as the key sign of middle age.

Slowing down encompasses a variety of factors including less or a lack of energy, fatigue, decreased tolerance to exercise or a lowered level of activity. It also covers less endurance, stamina and strength. Physicians cite slowing down as both a physiological and a psychological sign. (See Figure 6)

Figure 6

BELIEVE "SLOWING DOWN" IS AN INDICATOR OF MIDDLE AGE TO PATIENTS



WHY PATIENTS THINK THEY ARE MIDDLE AGED

One in two physicians overall (51%) and 6 in 10 Internists (60%) believe that, to their patients, slowing down is the best indicator of middle age.

In addition to slowing down, there is a wide range of events and changes offered to explain why patients consider themselves to be middle aged. (See Figure 7)

Figure 7

**EVENTS, EXPERIENCES OR CHANGES THAT LEAD PATIENT
TO THINK OF SELF AS MIDDLE AGED**
(Volunteered)

	Total	Medical Specialty		
		Family Physicians	Intern-ists	Psychia-trists
	%	%	%	%
Slowing down	51	46	60	49
Family-related	40	38	29	53
Appearance-related	31	22	36	35
Medical changes/signs	28	27	34	24
Milestones	26	30	20	29
Weight changes	23	20	28	20
Aches and pains	21	27	25	12
Psychological changes/signs	21	13	27	23
Failing health--general	19	20	24	12
Sexually-related	14	9	21	12
Job/career-related	11	6	9	18

Psychiatrists strongly cite family matters (53% vs. 38% Family Physicians and 29% Internists) as a key in patients' considering themselves middle aged.

Family Physicians are least likely to say "appearance" as a major factor (22% vs. 36% Internists and 35% Psychiatrist). In the view of Family Physicians, milestones are more significant to their patients than is appearance (30% cite milestones, 22% cite appearance).

In addition to slowing down, Internists mention appearance (36%) and medical changes (34%) as the dominant signs of midlife to their patients. (See Figure 7)

PHYSIOLOGICAL CHANGES CHARACTERIZE MIDLIFE

On an open-ended basis, the ABFP Report asked physicians to volunteer the medical, physiological and psychological signposts of middle age. Both medical and physiological signs and changes are more frequently associated with midlife than are psychological factors. Surprisingly, this is true even among Psychiatrists.

There is a clear (and somewhat predictable) association made by physicians overall, who were queried in this study, between middle age and medical conditions. Almost all, 95% of physicians, make this connection. Half (50%) specifically mention stroke, heart disease and myocardial infarction.

Second to medical conditions, there are physiological signs which figure prominently in midlife. Overall, 61% physicians cite physiological factors as a key indicator of the onset of middle age. Interestingly, Psychiatrists place the greatest emphasis in the physiological aspects among the three medical specialties queried; Family Physicians, the least.

Slowing down is an outstanding physiological indicator of middle age -- 56% of physicians overall volunteer this aspect. In addition, weight and appearance changes are significant to physicians in this study.

Apart from the medical conditions (that are mentioned by all physicians), Psychiatrists feel most strongly that physiological signs, such as slowing down, and sexually-related changes are the strongest indicators of middle age.

Family Physicians, on the other hand, place less emphasis on the same physiological signs and slowing down. For example, they place relatively more emphasis on changes in weight. (See Figure 8)

Figure 8

MEDICAL AND PHYSIOLOGICAL CHANGES/EVENTS WHICH ARE
INDICATORS OF THE ONSET OF MIDDLE AGE
(Volunteered)

	Total	Medical Specialty		
		Family Physicians	Intern-ists	Psychia-trists
	%	%	%	%
<u>Medical Conditions</u>	<u>95</u>	<u>93</u>	<u>96</u>	<u>96</u>
Stroke/heart disease/coronary heart disease/myocardial infarction	50	44	56	49
Anxiety/hypertension/stress	39	39	42	35
Diabetes	29	35	33	20
Arthritis	24	24	29	(20)
High blood pressure/increased blood pressure	18	23	16	14
Cancer/breast/skin	16	11	14	[24]

Figure 8
(Continued)

MEDICAL AND PHYSIOLOGICAL CHANGES/EVENTS WHICH ARE
INDICATORS OF THE ONSET OF MIDDLE AGE
(Volunteered)

	Total	Medical Specialty		
		Family Physicians	Intern-ists	Psychia-trists
	%	%	%	%
<u>Physiological Changes/Signs</u>	<u>61</u>	<u>51</u>	<u>63</u>	<u>70</u>
Menopause/hot flashes/ menstrual abnormalities	20	25	17	19
Deteriorating eyesight/ glaucoma/failing eyesight/ need glasses	17	<u>10</u>	15	<u>27</u>
Sleeping/insomnia/decreased need for sleep/changes in sleep pattern	12	<u>3</u>	15	<u>17</u>
<u>Slowing Down</u>	<u>56</u>	<u>42</u>	<u>60</u>	<u>67</u>
Decreased exercise tolerance/ physical activity level	21	20	27	16
Lower energy level/lack of energy/fatigue	19	<u>12</u>	25	20
Lower level of endurance/ stamina/strength	16	13	9	<u>27</u>
<u>Weight changes</u>	<u>48</u>	<u>54</u>	<u>47</u>	<u>42</u>
<u>Appearance changes</u>	<u>45</u>	<u>47</u>	<u>45</u>	<u>43</u>
<u>Sexually-related changes</u>	<u>24</u>	<u>17</u>	<u>19</u>	<u>36</u>

A great consistency exists in how middle age is viewed when the
physicians' professional opinions are compared to attitudes about middle

age that are expressed by the general public. Part I of the ABFP Report asked 1200 respondents of the general public their views on middle age. Respondents were specifically asked, "What is the worst aspect of middle age?" Volunteered most frequently (38%) by the public is "Physical condition and poor health." "Getting older" follows by 22% of the respondents.

THE PSYCHOLOGICAL INDICATORS OF MIDDLE AGE

More than one-third (37%) of physicians overall mention the psychological aspects of increasing physical ailments, aches and pains, including depression, when asked what psychological developments are most indicative of middle age.

Both Family Physicians and Internists are more likely to point to the effects of ailments and pain (48% and 51%, respectively) than are Psychiatrists (11%). On the other hand, Psychiatrists more often mention the realization of one's mortality, career and job-related events, and slowing down. (See Figure 9)

Clearly, the physical manifestations of aging in loss of energy and changes in appearance are key in describing middle age. Beyond the concrete medical, physiological and psychological changes that occur in midlife, however, what specific events are perceived as "markers" associated with middle age?

Figure 9

SPECIFIC PSYCHOLOGICAL DEVELOPMENTS/CHANGES/EVENTSWHICH ARE INDICATORS OF MIDDLE AGE

(Volunteered)

	<u>Total</u>	<u>Medical Specialty</u>		
		<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychia-trists</u>
	%	%	%	%
Psychological aspects of increasing physical ailments/aches and pain/depression	37	48	51	11
Realizing their own mortality/getting old/rapid passage of time	19	14	17	25
Concern about accomplishments/lifetime career goals/reexamine goals	16	10	17	21
Growth of children/empty nest syndrome/children going to college	14	16	14	12
Job/career-related	14	15	7	21
Milestones	12	12	9	14
Slowing down	12	6	12	17
A change in self-image/ image of self as not young/less self-esteem/ social stress	11	12	11	9
Thought process not as sharp/loss of memory/ not as mentally agile	10	3	14	12

IMAGES OF MIDDLE AGE

This study queried physicians as to whether they agree or disagree with a series of events or "markers" that relate to middle age, and a surprisingly strong consensus emerges. The markers that indicate middle age include: the last of one's children moving out (66%), not recognizing the names of the music groups on the radio (66%), worrying about having enough money to pay for health care concerns (54%), and taking a day or two to recover from strenuous exercise (54%).

In fact, this same series of events was offered to the general public in the ABFP Report, Part I. The public's level of agreement is significantly lower than that of physicians'. The general public registers agreement in the 41 - 47% range. Physicians, on the other hand, seem more clearly defined in their views concerning markers.

Internists, in particular, strongly associate the markers of children leaving home (74%) and having a parent die (54%) with middle age. (See Figure 10)

Figure 10

EVENTS OR MARKERS RELATED TO MIDDLE AGE

	<u>Total</u>	<u>Medical Specialty</u>			<u>General Public</u>
		<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychia-trists</u>	
<u>Agree Completely/</u> <u>Agree Somewhat</u>	%	%	%	%	%
The last of one's children moves out on his/her own	66	53	74	70	42
One doesn't recognize the names of the music groups on the radio	66	68	64	65	46
One worries about having enough money to pay health care concerns	54	48	60	56	41
It takes a day or two to recover from strenuous exercise	54	53	55	54	44
One thinks more about past events than about the future	46	42	51	44	47
At least one parent has died	45	33	54	49	21

WEIGHT GAIN STRONGLY TIED TO MIDLIFE

Weight gain is an even greater signal of middle age to the physician than to the public. Eight in ten physicians (79%) agree that middle-aged people tend to be overweight, compared to 62% of the general public. In

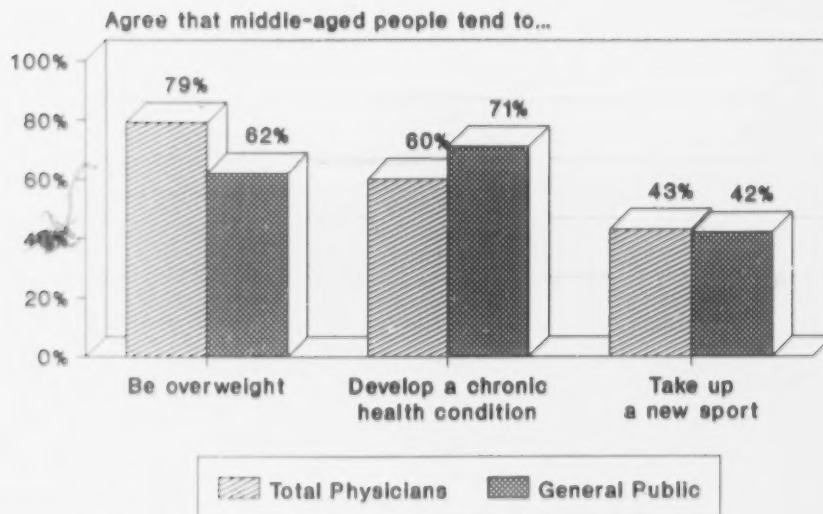
fact, the physiological change most frequently volunteered by physicians is weight gain.

Almost three-quarters of the general public (71%) agree that "Middle-aged people will develop some type of chronic health condition," compared to 60% of physicians overall.

Middle age is seen by both physicians and the public as a time when "It takes a day or two longer to recover from exercise." And, neither physicians nor the public express a strong connection with midlife and a time of "Taking up an active new sport" (only 43% physicians, 42% public agree). (See Figure 11)

Figure 11

CHARACTERISTICS OF MIDDLE AGE



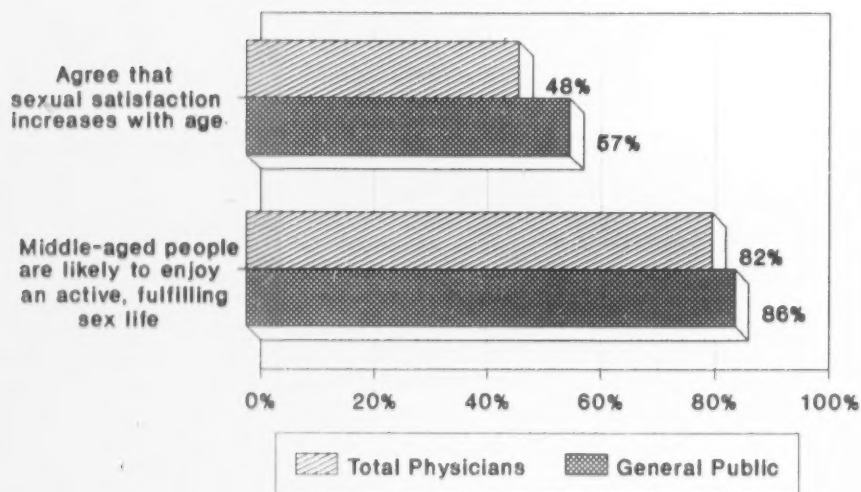
A TIME OF SEXUAL SATISFACTION

When asked the likelihood that a patient will enjoy "an active, fulfilling sex life," more than three-quarters of physicians overall (82%) agree that is very or somewhat likely. This view is consistent with that of the general public when asked the identical question (86% agree).

However, fewer than half (48%) of physicians overall agree with the statement, "Sexual satisfaction increases with age," compared to a clear majority of the general public (57%). Perhaps, this reflects a greater awareness on the part of physicians of the physiological aspects of aging. (See Figure 12)

Figure 12

ATTITUDES ABOUT SEX IN MIDDLE AGE



In fact, cited by almost one-quarter (24)% of physicians overall as a major physiological factor, are sexually-related changes such as a decrease or loss of sexual desire or activity. Psychiatrists are almost twice as likely to point to a decrease or a loss of sexuality (37%) than are Internists (19%) and Family Physicians (17%). Thus, perception may be a stronger factor than medical reality. (See Figure 8)

The ABFP Report does find that physicians associate a wide number of physical conditions and diseases with middle age.

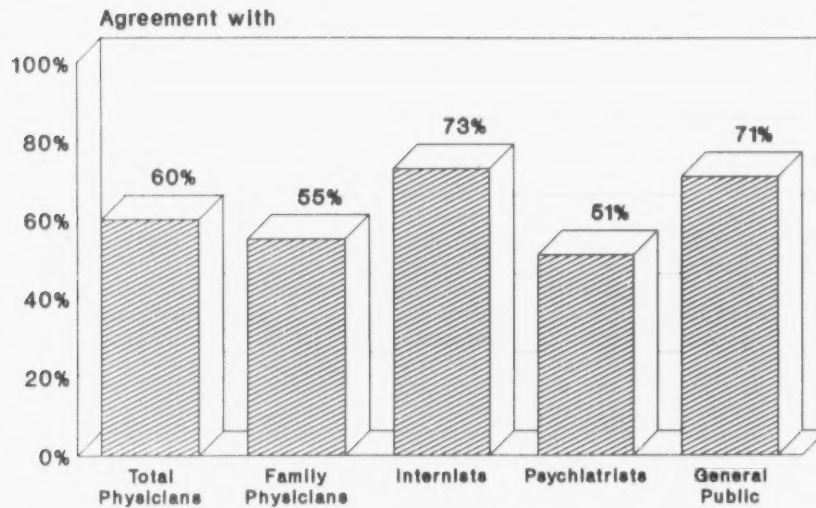
CHRONIC HEALTH CONDITIONS AND MIDLIFE

There is a strong association expressed by both physicians overall and the general public between middle age and deteriorating health.

Sixty percent (60%) of all physicians queried and 73% of Internists, in particular, believe that "Middle-aged people will develop some type of chronic health condition." This view is shared by 71% of the general public, which also connects physical condition, health and appearance with middle age. (See Figure 13)

Figure 13

MIDDLE-AGED PEOPLE WILL DEVELOP CHRONIC HEALTH CONDITIONS



Physicians associate deteriorating eyesight, insomnia and sleep disorders, as well as menopause, with the middle years. And, as reported, they offer a list of diseases related to midlife including stroke, heart-related disease, hypertension and stress, to name a few. (See Figure 8)

Perhaps a good deal of the tension and stress is caused by financial and caretaking concerns. Physicians soundly view midlife as a time of financial responsibility and concern about one's career status.

FINANCIAL PRESSURES OF MIDLIFE

Overwhelmingly, middle age is viewed by physicians overall as a time of financial squeeze in caring for one's children, as well as one's aged parents, and saving for retirement. The ABFP Report asked for agreement with a series of statements to better understand the relationship between finances and midlife from the physicians' perspective.

When asked if "Middle-aged people should be financially self-sufficient," a weighty 95% of all physicians agree completely or somewhat. In fact, more than half, 54% of physicians, "agree completely" with the statement. The general public expressed a strong, although slightly lower, level of agreement with the identical statement (88% agree completely or somewhat).

Physicians believe that middle age is a time of financial pressure and increased responsibility. Two in three (68%) of physicians agree that "Middle-aged people are often under financial strain" (71% general public).

And, overwhelmingly, almost all (97%) of physicians in this study agree that it is likely that, in midlife, people will:

- Assist a child with financial needs;
- Care for a frail parent.

Figure 14

FINANCIAL PRESSURES OF MIDDLE AGE

	<u>Medical Specialty</u>				<u>General Public</u>
	<u>Total</u>	<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychiatrists</u>	
	%	%	%	%	%
<u>Agree Completely/Agree Somewhat</u>					
Middle-aged people should be financially self-sufficient	95	95	96	94	88
Middle-aged people are often under severe financial strain	68	69	73	61	71
One worries about having enough money to pay health care concerns	54	48	60	56	41
<u>Very/Somewhat Likely in Midlife to:</u>					
Assist a child with financial needs	97	98	92	100	89
Care for a frail parent	97	97	98	96	79
Begin saving for retirement	83	86	82	82	76
Accept financial help from a parent	16	12	15	21	24

A solid 83% view midlife as a time to begin saving for retirement.

Few physicians (16%) think it likely that middle-aged people will accept financial help from a parent.

And, as previously reported, a majority (54%) of physicians agrees that in midlife "One worries about having enough money to pay for health care concerns." Clearly, middle age is seen by physicians as a time of financial burden. (See Figure 14)

CAREER AND JOB-RELATED CHANGES

While cited at a lower level than financial pressures and responsibilities, career and job-related changes are an important middle age "story" from the physicians' professional perspective.

To both physicians (69%) and the general public (78%), middle age means having accomplished many career goals.

However, physicians (54%), much more than the general public (32%), believe that it is likely that middle-aged people face lower job/income expectations.

Consistently, 52% of physicians (vs. 43% public) think it likely that middle-aged people will get a new job.

Twenty-one percent (21%) of Psychiatrists in this study volunteer job-related changes as signs of middle age, including:

- Becoming aware of limits on income, promotions;
- Retirement;
- Lessening production level;
- Job dissatisfaction/burn out. (See Figure 15)

Figure 15

CAREER AND JOB RELATED CHANGES OF MIDDLE AGE

	Medical Specialty				General Public
	Total	Family Physicians	Intern-ists	Psychiatrists	
	%	%	%	%	%
<u>Agree Completely/ Agree Somewhat</u>					
Middle age means having accomplished many career goals	69	70	67	70	78
<u>Very/Somewhat Likely in Midlife to:</u>					
Face lower job/income expectations	54	61	49	52	32
Get a new job	52	57	43	57	43
<u>Signs of Middle Age (Volunteered)</u>					
Job/career-related changes	14	15	7	21	NA

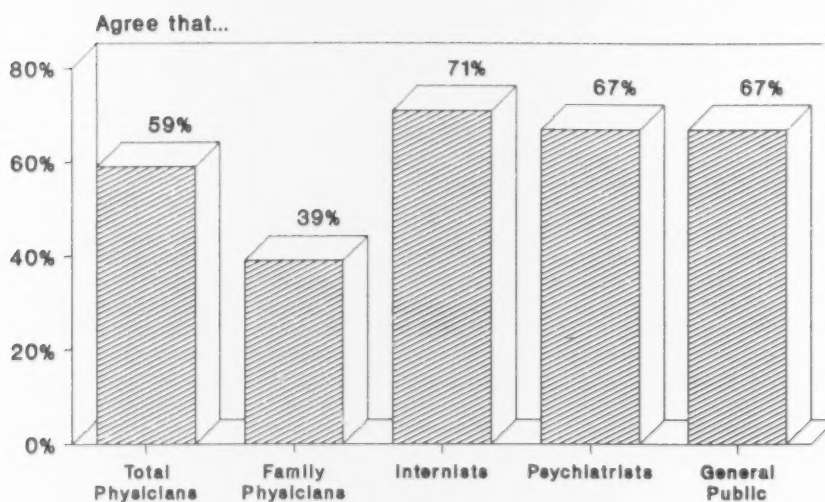
NA = Not asked.

FINANCIAL BURDENS OF HEALTH CARE

With the pressures of career, children, aged parents, saving for retirement and lowered income prospects, who should foot the bill for health care? The ABFP Report asked physicians whether they agree with the statement "Long-term health care should be the responsibility of federal/state/city government."

Figure 16

GOVERNMENT IS RESPONSIBLE FOR LONG-TERM HEALTH CARE



An unusual 59% of physicians agree with this proposition. In addition, 67% of the public also share this view. It is interesting to note that Internists and Psychiatrists score the highest level of agreement, with 71% and 67% respectively, while only 39% of Family Physicians concur that government is responsible for long-term health care. (See Figure 16)

With regard to catastrophic care, strong disapproval is registered by physicians (69%) and the general public (67%) for the concept that "Catastrophic care should be paid for by older people." All three medical specialties agree on this issue.

FINANCIAL RESPONSIBILITY FOR CARETAKING

Questions were asked to determine the extent of moral obligation for caretaking in addition to the willingness to dip into one's purse and make a financial commitment. Physicians overall believe that a strong moral commitment should be made by children in caring for aged parents until the parents die. A healthy 79% of physicians agree to this proposition. Interestingly, Psychiatrists are least likely to agree to this moral obligation (71% agree), while Family Physicians and Internists show higher levels of agreement (83% each). (See Figure 17)

Physicians overall do not express reciprocity in this moral obligation: "Parents have an obligation to care for children, if necessary, after

adulthood." More than half (52%) of the total sample disagree with the statement. In this instance, the three groups of physicians were substantially alike, although slightly more than half of the Internists (54%) agree (compared to 49% Family Physicians and 47% Psychiatrist who agree).

A mere 16% of all physicians interviewed agree that "Aged parents should be placed in a home, if it can be afforded." Clearly, financial autonomy is preferred by a majority of physicians (58%) who think that "Aged parents should care for themselves until they die."

And, while 79% of physicians believe in children's moral obligation to parents, only 50% agree that "Children of aged parents should be financially responsible" for their parents. This split between principle and action mirrors that of the general public with 72% of the public agreeing to obligation and only 50% agreeing to financial commitment.

Furthermore, Internists are the most likely of the three medical specialties to agree to children's financial responsibility. Sixty-three percent (63%) of Internists, compared to only 36% of Family Physicians and 45% of Psychiatrists agree that "Children have a financial obligation to care for aged parents...." (See Figure 17)

Figure 17

FINANCIAL RESPONSIBILITY FOR CARETAKING

	<u>Medical Specialty</u>				<u>General Public</u>
	<u>Total</u>	<u>Family Physicians</u>	<u>Intern-ists</u>	<u>Psychiatrists</u>	
<u>Agree Completely/Agree Somewhat</u>	%	%	%	%	%
Children have an obligation to care for aged parents until they die	79	83	83	(71)	72
Aged parents should take care of themselves until they die	58	62	54	59	36
Children of aged parents should be financially responsible for parents	50	49	54	47	51
Parents have an obligation to care for children if necessary after adulthood	48	(36)	(63)	45	50
Catastrophic care should be paid for by older people	29	33	29	26	25
Aged parents should be placed in a home if it can be afforded	16	11	18	20	31

In spite of the seeming reluctance to back ideals with monetary commitment, and with their belief that midlife is filled with financial burdens, family "milestones" emerge as an important positive component of middle age, according to physicians in this study.

THE REWARDS OF MIDLIFE

Although middle age is viewed as a financially pressured time of life, the ABFP Report finds that involvement with family is also a vital element of middle age. As is the case with the general public, physicians soundly regard middle age as a time of increased compassion and intimacy.

Eighty-five percent (85%) of physicians agree that it is likely that middle-aged people will become closer to spouse, children and friends. The general public concurs... 89%.

And, three in four (74%) of physicians agree that "At middle age, a person becomes more compassionate to the needs of others." Again, the view of the general public coincides (84%). Little difference between Family Physicians, Internists and Psychiatrists is found on both these counts.

However, the markers or milestones that relate to family are much stronger for physicians than for the public. For example, two in three (66%) of physicians overall and 74% of Internists, in particular, believe that "The last of one's children moving out..." relates to middle age. Only 42% of the general public share this opinion. (See Figure 18)

Figure 18

REWARDS OF MIDLIFE

	Medical Specialty				General Public
	Total	Family Physicians	Intern-ists	Psychiatrists	
<u>Agree Completely/ Agree Somewhat</u>	%	%	%	%	%
At middle age, a person becomes more compassionate to the needs of others	74	67	79	76	84
Middle-aged people look forward to the time when all children leave the house	72	78	68	69	NA
The last of one's children moves out on his/her own	66	53	74	70	42
<u>Very/Somewhat Likely in Midlife to:</u>					
Become closer to one's spouse/children/intimate friends	85	86	84	86	89
Get married to a new spouse	71	71	75	67	37
<u>Signs of Middle Age to Patient (Volunteered)</u>					
Family-related changes	40	38	29	53	NA

NA = Not asked.

Almost three-quarters (71%) of physicians and merely 37% of the general public think it likely that middle-aged people will get married to a new spouse.

The linkage between middle age and looking forward to the time when children leave home is agreed to by a significant 72% of physicians, compared to just 42% of the general public.

Thus, physicians clearly associate middle age with markers that relate to family. In fact, four in ten (40%) of physicians believe that to patients, family milestones, such as a child going to college, are signs of middle age -- a milestone second only to slowing down. (See Figure 18)

RX FOR MIDDLE AGE

Physicians have a rich "prescription" for a fruitful middle age with the strengthening of family ties and commitment as its centerpiece. The ABFP Report: Part II, asked physicians to volunteer three or four of the most important elements for a successful middle-aged lifestyle.

Family Physicians stress physical activity and exercise; nutrition and proper diet; renewing the spiritual path; accepting lower goals and knowing your limits.

Internists focus on family ties as well as staying socially active and taking an interest in things around you.

Psychiatrists stress career, its satisfaction and sense of accomplishment, followed by hobbies outside of one's career and strong personal relations.

Any or all of these facets would add to one's satisfaction with life at any age. Middle age, in particular, although maligned for many years as a greying period, offers a richness in relationships and personal

satisfaction. Slowing down may very well be a blessing in disguise. (See Figure 19)

Figure 19

PHYSICIANS' PRESCRIPTION FOR MIDDLE AGE
(Volunteered)

	Total	Medical Specialty		
		Family Physicians	Intern-ists	Psychia-trists
	%	%	%	%
Develop strong family ties/commitment to family/children	59	51	66	60
Keep physically active/exercise regularly	41	52	39	30
Maintain/develop healthy life-style/physical/emotional	35	18	43	45
Satisfaction with career/sense of achievement with goal	35	24	37	44
Maintain proper diet/eat properly/nutritiously/maintain weight	33	48	28	24
Economic security/financial planning/start saving early	33	33	37	30
Develop outside interest/hobbies apart from career/allot time for self	27	22	24	35
Develop strong relationships/friendships	20	16	17	27
Accept new challenges/stay socially active/take interest in things around you	16	9	24	16
Accept age process/coming to terms with mortality	11	11	12	10
Moderate alcohol consumption/drink less	8	10	6	7
Renew one's spiritual path/take care of spiritual needs	8	14	4	5
Lower goals/know limitations	7	15	3	4

APPENDICES

METHODOLOGY

THE SAMPLE - OVERVIEW

A total of 300 interviews with physicians were conducted in August and early September 1990 and are the basis for this report. Respondents were interviewed by telephone and reflect three groups of medical practitioners -- Family Physicians, Internists and Psychiatrists. The total sample is comprised of 100 in each group so that possible differences between them, as well as similarities, could be analyzed within an appropriate level of statistical confidence. Each sample is national in scope and, since controlled random procedures were used to select them, are representative of such physicians throughout the country.

SAMPLING PROCEDURES

The sample was selected at two stages. At the first stage a systematic random sampling procedure was used to select every n^{th} name from comprehensive national lists of each of the specified classifications of physicians. The sample size for this stage was large enough so that alternates would be available for those initially selected respondents who did not complete interviews. The sample size of Family Physicians was

selected from computer files listing current diplomates of the American Board of Family Practice. The samples of Internists and Psychiatrists were selected from the computer files of Alvin B. Zeller, Inc., a company specializing in compiling such lists. Since the interviewing was to be conducted during office hours, office telephone numbers were used to carry out the survey.

The first stage sample was printed out on computer sheets. Since each of the lists was arranged geographically by state, the use of a systematic sampling procedure (every n^{th}) produced a first stage sample which was also stratified geographically by state. The second stage sample was selected by randomly picking small clusters of physicians on each page of the print-out, thus maintaining the geographic stratification for the final sample. Interviewers were instructed to contact the physicians in one cluster on each page attempting to complete their assignment. Alternate clusters on each page were to be used only after the initial cluster was not productive after several attempts to reach and interview the sampled physicians.

A screening question was used to verify whether the potential respondent described himself/herself as having the designated medical specialty for each grouping (Family Physician, Internist, Psychiatrist). If not, he/she was dropped from the study.

In 19 cases out of 20, the findings based on such samples will differ by not more than ± 5.8 percentage points from what would have been obtained from interviewing all physicians through the country.

All interviewing was done between August 8 and September 5, 1990.

QUESTIONNAIRE

1. First of all, from a patient's point of view, what 3 or 4 everyday events, experiences or changes lead a patient to think of himself or herself as middle aged?

10-
11-
12-

2. Now, I'm going to read you a list of statements. After I read each one, please tell me in your professional opinion, how much you agree that it describes an event that relates to people who are middle aged. Tell me whether you agree completely (4), agree somewhat (3), disagree somewhat (2), or disagree completely (1).

		Agree Completely	Agree Somewhat	Disagree Somewhat	Disagree Completely	Not Sure (VOLUN- TEERED)
One is probably not middle age until:						
a.	It takes a day or two to recover from strenuous exercise.....	13-4	-3	-2	-1	-x
b.	The last of one's children moves out on his/her own.....	14-4	-3	-2	-1	-x
c.	At least one parent has died.....	15-4	-3	-2	-1	-x
d.	One worries about having enough money to pay for health care concerns.....	16-4	-3	-2	-1	-x
e.	One doesn't recognize the names of the music groups on the radio.....	17-4	-3	-2	-1	-x
f.	One thinks more about past events than about the future.....	18-4	-3	-2	-1	-x

3. Now from your professional experience, what specific physiological changes or signs are indicators of the onset of middle age? Please tell me the 3 or 4 most important signs, and I would appreciate it if you could use language a lay person such as myself might understand.

19-
20-
21-

4. And in your professional opinion, what 3 or 4 medical events--conditions or diseases--do you associate with middle age?

22-
23-
24-

5. And in your professional opinion, what specific psychological developments, changes or events are indicators of middle age?

25-
26-
27-

- 6a. In your professional opinion, at what one age do you think that MOST MEN enter middle age?

____ Years 28-
29-

- b. And at what age do you think that MOST WOMEN enter middle age?

____ Years 30-
31-

7. IF DIFFERENT AGES IN Q.6a/b, ASK: Why do you think that most (men/women) enter middle age earlier?

32-
33-
34-

8a. In your professional opinion, at what one age do you think that MOST MEN generally leave middle age and become "old"?

_____ Years 35-
36-

b. And at what age do you think that MOST WOMEN generally leave middle age and become old?

_____ Years 37-
38-

9. IF DIFFERENT AGES IN Q.8a/b, ASK: Why do you think that most (men/women) leave middle age earlier?

39-
40-
41-

10. I'm going to read you a list of activities. After I read each one, I would like you to tell me how likely it is that a patient will be doing this or experiencing this in middle age. Please tell me whether it is, "very likely" (4), "somewhat likely" (3) "somewhat unlikely" (2), or "very unlikely" (1).

		Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Not Sure (VOLUN- TEERED)
a.	Taking up an ACTIVE new sport such as skiing or tennis.....	42-4	-3	-2	-1	-x
b.	Getting a new job.....	43-4	-3	-2	-1	-x
c.	Having or adopting a child..	44-4	-3	-2	-1	-x
d.	Assisting a child with financial needs.....	45-4	-3	-2	-1	-x
e.	Becoming closer to one's spouse, children or intimate friends.....	46-4	-3	-2	-1	-x
f.	Facing lower job and income expectations.....	47-4	-3	-2	-1	-x
g.	Enjoying an active and fulfilling sex life.....	48-4	-3	-2	-1	-x
h.	Caring for a frail parent...	49-4	-3	-2	-1	-x
i.	Accepting financial help from a parent.....	50-4	-3	-2	-1	-x
j.	Getting married to a new spouse.....	51-4	-3	-2	-1	-x
k.	Beginning saving for retirement.....	52-4	-3	-2	-1	-x

13. There are many opinions about whose responsibility it is to take care of aging or aged parents. In your professional opinion, for each of the following statements, please tell me whether you "agree strongly" (4), "agree somewhat" (3), "disagree somewhat" (2), or "disagree strongly" (1).

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Not Sure (VOLUNTEERED)
a. Catastrophic care should be paid for by older people.....	65-4	-3	-2	-1	-x
b. Long-term health care should be the responsibility of federal, state and city governments.....	66-4	-3	-2	-1	-x
c. The children of aged parents should be financially responsible for their parents' care.....	67-4	-3	-2	-1	-x
d. Aged parents should be placed in a home if it can be afforded.....	68-4	-3	-2	-1	-x
e. Children have an obligation to care for their aged parents until the parents die.....	69-4	-3	-2	-1	-x
f. Aged parents should take care of themselves until they die.....	70-4	-3	-2	-1	-x
g. Parents have an obligation to care for their children, if necessary, even when the children become adults.....	71-4	-3	-2	-1	-x

- 14a. There has been a lot of discussion lately about the on-going issue of "right to die." In your professional opinion, what's your view-- do you agree or disagree that a patient who is terminally ill has the right to choose to die?

Agree.....72-1
Disagree..... -2
Not sure (VOLUNTEERED)..... -3

- b. And do you agree or disagree that a patient who has an illness that will severely and irrevocably impair their quality of life has the right to choose to die?

Agree.....73-1
Disagree..... -2
Not sure (VOLUNTEERED)..... -3

Any comments?

74-
75-
76-

11. The following are statements people have made. After I read each one, I'd like you to tell me in your professional opinion, whether you agree completely (4), agree somewhat (3), disagree somewhat (2), or disagree completely (1) with each one.

	Agree Completely	Agree Somewhat	Disagree Somewhat	Disagree Completely	Not Sure (VOLUN- TEERED)
a. Most middle-aged people will develop some type of chronic health condition such as arthritis, high blood pressure, or diabetes...	53-4	-3	-2	-1	-x
b. Middle-aged people spend a lot of time worrying about death.....	54-4	-3	-2	-1	-x
c. Most middle-aged people tend to be overweight...	55-4	-3	-2	-1	-x
d. Middle-aged people are often under severe financial strain due to the need to care for both their children and their parents.....	56-4	-3	-2	-1	-x
e. Most people who are middle aged look forward to the time when all their children have left the house.....	57-4	-3	-2	-1	-x
f. Middle age means having accomplished many career goals.....	58-4	-3	-2	-1	-x
g. Sexual satisfaction increases with age.....	59-4	-3	-2	-1	-x
h. Middle-aged people should be financially self-sufficient.....	60-4	-3	-2	-1	-x
i. At middle age, a person becomes more compassionate to the needs of others.....	61-4	-3	-2	-1	-x

12. Now I'd like to ask you for a prescription for a healthy, happy middle age. What are the 3 or 4 most important elements for a successful middle age life-style?

62-
63-
64-

Just a few items for classification purposes.

A. What is your current age?

77-

78-

B. Are you married, divorced, widowed or have you never married?

Married.....79-1

Divorced..... -2

Widowed..... -3

Never married..... -4

C. Indicate respondent's sex.

Male.....80-1

Female..... -2

THANK YOU VERY MUCH!